

Respondents	Number of respondents	Number of responses/ respondent	Average burden per response	Total burden
State Health Departments	50	40	.5	1000
Total	1000

4. National Nosocomial Infections Surveillance (NNIS) System—(0920–0012)—Extension—The National Nosocomial Infections Surveillance (NNIS) system is currently the only source for national data on nosocomial (hospital-associated) infections in the United States. It first began collecting data in 1970. It is a collaborative project between the Hospital Infections Program of the Centers for Disease Control and Prevention (CDC) and voluntarily participating hospitals in the United States. The goals of the system are to: (1) Develop comparative nosocomial infection rates that can be used by hospitals to assess quality of care, (2) describe the scope and magnitude,

including trends, of the nosocomial infection problem in the U.S., (3) identify risk factors associated with these infections, (4) assist hospitals in the effective use of surveillance data to improve the quality of patient care, and (5) conduct collaborative research studies. Data are collected using protocols developed by CDC that define the specific populations of patients at risk, risk factors, and outcomes. The decision about which component(s) to use is made by each hospital depending on its own needs for surveillance data. The data are collected by trained surveillance personnel, assisted by hospital personnel, and are entered into IDEAS, a surveillance software which

makes the data available for analysis at the hospital's convenience. The data are currently transmitted to CDC by floppy disk, then aggregated into a national database. During 1996, it will become possible for some hospitals to transmit the data to CDC through the NNIS telecommunications system. This system is expected to be used by all participating hospitals by 1997, resulting in reduced response time. NNIS methodology, which has been published, is the standard nosocomial infection surveillance methodology and is used at least in part by most U.S. hospitals. The total cost for respondents is estimated at \$11,395.

Respondents	Number of respondents	Number of responses/ respondent	Average burden/ response (in hours)	Total burden (in hours)
Hospitals	251	12	0.16	481
Total	481

5. Emergency Epidemic Investigations—(0920–0008)—Extension—During most emergency situations, CDC specialists (epidemiologist, biostatisticians, laboratory specialists, etc.) work under the aegis of a State or local health

department. Usually such investigations are completed by the State or local government, with technical assistance from CDC. Occasionally, an investigation must be continued or is multistate or global. In these cases, CDC collects or sponsors the collection of

information from the public. This request, therefore, is for the extension of OMB approval to collect data in such emergency situation. There is no cost to the respondent.

Respondents	Number of respondents	Number of responses/ respondents	Average burden/ response (in hours)	Total burden (in hours)
General Public	16,550	1	0.31	5131

Wilma G. Johnson,
Acting Associate Director for Policy Planning and Evaluation, Centers for Disease Control and Prevention (CDC).
[FR Doc. 96–827 Filed 1–22–96; 8:45 am]
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[30DAY–05]

Agency Forms Undergoing Paperwork Reduction Act Review

The Centers for Disease Control and Prevention (CDC) publishes a list of information collection requests under review, in compliance with the

Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these requests, call the CDC Reports Clearance Office on (404) 639–3453.

The following requests have been submitted for review since the enactment of the PRA of 1995 on December 5, 1995.

Proposed Project

1. End Stage Renal Disease Study—(0920–0011)—Reinstatement—Kidney disease is one of the priority health conditions ATSDR has identified for epidemiologic studies. Contaminants such as heavy metals and solvents are

commonly found at hazardous waste sites and have been linked to end-stage renal disease in occupational studies. A case-control study of end-stage renal disease and residential proximity to hazardous waste sites conducted in New York State under the previous clearance suggested an increased risk for this association. An expansion of this original study is now planned in California to determine whether these findings can be replicated. The cases of end-stage renal disease will be identified from the records of the Health Care Financing Administration. Controls will be recruited by random

digit dialing and frequency matched to cases on age, sex, and race. All participants will be interviewed by telephone to obtain residential history and other information on exposures, demographics, and health. The plan is to interview 400 cases (200 with diabetes and 200 without). Each participant will only be interviewed once for approximately 45 minutes. Information on the proximity of residences to hazardous waste sites will be obtained from the California Department of Health.

Respondents	Number of respondents	Number of responses/respondents	Average burden/response (in hours)
Diabetes patients	200	1	0.75
Persons without diabetes	200	1	0.75

The total annual burden is 300. Send comments to Allison Eydtt; Human Resources and Housing Branch, New Executive Office Building, Room 10235; Washington, DC 20503.

Wilma G. Johnson,

Acting Associate Director for Policy Planning and Evaluation, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96-828 Filed 1-22-96; 8:45 am]

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Disease, Disability, and Injury Prevention and Control Special Emphasis Panel Meeting

FEDERAL REGISTER CITATION OF PREVIOUS ANNOUNCEMENT: 60 FR 57433—dated November 15, 1995.

Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Grants for Education Programs in Occupational Safety and Health—Program Announcement 123 Meeting: Date Change.

SUMMARY: Notice is given that the dates for the Disease, Disability, and Injury Prevention and Control Special Emphasis Panel (SEP): Grants for Education Programs in Occupational Safety and Health—Program Announcement 123 Meeting have changed. The meeting times, location, status, purpose and matters to be discussed announced in the original notice remain unchanged.

ORIGINAL DATES: January 7, 1996; January 8, 1996; January 9, 1996.

NEW DATES: February 4, 1996; February 5, 1996; February 6, 1996.

The shutdown of the Federal Government followed by inclement weather prevented meeting the 15-day publication requirement.

CONTACT PERSON FOR MORE INFORMATION: Bernadine Kuchinski, Ph.D., Occupational Health Consultant, Office of Extramural Coordination and Special Projects, National Institute for Occupational Safety and Health, CDC, M/S D40, Atlanta, Georgia 30333, telephone 404/639-3342.

Dated: January 17, 1996.

Carolyn J. Russell,

Director, Management Analysis and Services Office, Centers for Disease Control and Prevention (CDC).

[FR Doc. 96-829 Filed 1-22-96; 8:45 am]

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Health Care Financing Administration

[ORD-083-N]

New and Pending Demonstration Project Proposals Submitted Pursuant to Section 1115(a) of the Social Security Act: November 1995

AGENCY: Health Care Financing Administration (HCFA).

ACTION: Notice.

SUMMARY: This notice lists new proposals for Medicaid demonstration projects submitted to the Department of Health and Human Services during the month of November 1995 under the authority of section 1115 of the Social Security Act. This notice also lists proposals that were approved, disapproved, pending, or withdrawn during this time period. (This notice can be accessed on the Internet at [HTTP://WWW.SSA.GOV/HCFA/HCFAHP2.HTML](http://WWW.SSA.GOV/HCFA/HCFAHP2.HTML).)

COMMENTS: We will accept written comments on these proposals. We will, if feasible, acknowledge receipt of all comments, but we will not provide written responses to comments. We will, however, neither approve nor disapprove any new proposal for at least 30 days after the date of this notice to allow time to receive and consider comments. Direct comments as indicated below.

ADDRESSES: Mail correspondence to: Susan Anderson, Office of Research and Demonstrations, Health Care Financing Administration, Mail Stop C3-11-07, 7500 Security Boulevard, Baltimore, MD 21244-1850.

FOR FURTHER INFORMATION CONTACT: Susan Anderson, (410) 786-3996.

SUPPLEMENTARY INFORMATION:

I. Background

Under section 1115 of the Social Security Act (the Act), the Department of Health and Human Services (HHS) may consider and approve research and demonstration proposals with a broad range of policy objectives. These demonstrations can lead to improvements in achieving the purposes of the Act.

In exercising her discretionary authority, the Secretary has developed a number of policies and procedures for reviewing proposals. On September 27, 1994, we published a notice in the Federal Register (59 FR 49249) that specified (1) the principles that we ordinarily will consider when approving or disapproving demonstration projects under the authority in section 1115(a) of the Act; (2) the procedures we expect States to use in involving the public in the development of proposed demonstration projects under section 1115; and (3) the procedures we ordinarily will follow in reviewing demonstration proposals. We are committed to a thorough and expeditious review of State requests to conduct such demonstrations.

As part of our procedures, we publish a notice in the Federal Register with a monthly listing of all new submissions, pending proposals, approvals, disapprovals, and withdrawn proposals. Proposals submitted in response to a grant solicitation or other competitive process are reported as received during the month that such grant or bid is awarded, so as to prevent interference with the awards process.

II. Listing of New, Pending, Approved, and Withdrawn Proposals for the Month of November 1995

A. Comprehensive Health Reform Programs

1. New Proposals

No new proposals were received during the month of November.

2. Pending Proposals

Demonstration Title/State: Better Access for You (BAY) Health Plan Demonstration—Alabama.

Description: Alabama proposes to create a mandatory managed care delivery system in Mobile County for non-institutionalized Medicaid beneficiaries and an expansion population of low-income women and children. The network, called the Bay Health Network, would be administered by the PrimeHealth Organization, which is owned by the University of South Alabama Foundation. The State also proposes to expand family planning